

QUESTIONNAIRE FOR SPECIAL IMMIGRANT STATUS (SE)

NAME: _____ BIRTHDATE: _____
(LAST NAME, First name) (Month/Day/Year)

TELEPHONE: _____ BIRTHPLACE: _____

ADDRESS: _____ EMAIL: _____

SPOUSE: _____ BIRTHDATE: _____
(LAST NAME, First name) (Month/Day/Year)

CHILDREN UNDER 21 YEARS OF AGE:

NAME: _____ BIRTHDATE: _____
(LAST NAME, First name) (Month/Day/Year)

BIRTHPLACE: _____

NAME: _____ BIRTHDATE: _____
(LAST NAME, First name) (Month/Day/Year)

BIRTHPLACE: _____

NAME: _____ BIRTHDATE: _____
(LAST NAME, First name) (Month/Day/Year)

BIRTHPLACE: _____

LENGTH OF SERVICE (MINIMUM OF 15 YEARS): _____

DATES: (from/to)	USG EMPLOYER	JOB TITLE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

AWARDS/CERTIFICATES

Please list in order of importance)

Return this questionnaire along with a copy of: Notices of personnel action, awards, certificates, commendations, appraisals, evaluation reports, etc., to the U.S. Consulate General, Attn: Correspondence and Information Unit (KM), Giessener Strasse 30, 60435 Frankfurt/Main.

Sworn statement: (please read carefully before signing)

If granted special immigrant status, I certify that I will pursue my application for an immigrant visa immediately upon being notified that my petition has been approved. Also, upon approval, if I am still an employee of the United States Government, I confirm that I intend permanent separation (resignation) from such employment no later than the date of my departure for the United States following issuance of an immigrant visa.

Signature of applicant Dater